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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801 Denver, Colorado 80203 (303)894-2100 Fax (303)894-2109



#8307

FOR OGCC USE ONLY

SITE INVESTIGATION AND REMEDIATION WORKPLAN

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. Form 27 is intended to be used whenever possible. Additional documentation will be required when large volumes of soil and groundwater have been impacted or involve large facilities with multiple source areas. See Rule 910. Attach as many pages as needed to fully describe the proposed work.

CAUSE OF CONDITION BEING INVESTIGATED AND REMEDIATED

☐ Spill or Release ☐ Plug & Abandon ☐ Central Facility Closure ☐ Site/ Facility Closure ☒ Other (describe) **TANK BATTERY**

OGCC Operator Number <u>41050</u>	Contact Name and Telephone <u>PHIL WRIGHT</u>
Name of Operator <u>HOMESTEAD OIL INC</u>	No <u>303 829 3176</u>
Address <u>16880 WILD PLUM CIRCLE</u>	Fax _____
City <u>MORRISON</u> State <u>CO</u> Zip <u>80465</u>	
API Number <u>051231155200</u>	County <u>WELD</u>
Facility Name <u>STEPHENS BOULTER TANK BATTERY</u>	Facility Number _____
Well Name <u>STEPHENS #1</u>	Well Number <u>#1</u>
Location (Otr/Otr Sec. Twp. Rng. Meridian): <u>NWNW 15-4N-66W</u> Latitude <u>70 31'52"</u> Longitude <u>-71 4'16 51"</u>	

TECHNICAL CONDITIONSType of Waste Causing Impact (crude oil, condensate, produced water, etc.): PRODUCED WATERSite Conditions: Is location within a sensitive area (according to Rule 901c)? ☐ Y ☒ N If yes, attach evaluation.Adjacent land use (cultivated, irrigated, dry land farming, industrial, residential, etc.): WHEAT FIELD W/ SPRINKLERSoil type, if not previously identified on Form 2A or Federal Surface Use Plan: SANDY LOAM

Potential receptors (water wells within 1/4 mi, surface waters, etc.): _____

Description of Impact (if previously provided, refer to that form or document):

Impacted Media (check):

- ☒ Soils
☐ Vegetation
☐ Groundwater
☐ Surface Water

Extent of Impact:

EST 2SQ FT X 4 FT

How Determined:

VISUAL**REMEDIATION WORKPLAN**

Describe initial action taken (if previously provided, refer to that form or document):

REFER TO PREVIOUSLY FILLED FORM 19 FOR SAME API NUMBER

Describe how source is to be removed:

BACK HOE AND TRUCK

Describe how remediation of existing impacts is to be accomplished, including removal and disposal at an injection well or licensed facility, land treatment on site, removal of impacted groundwater, insitu bioremediation, burning of oily vegetation, etc.:

CONTAMINATED SOIL HAULED TO LAND TREATMENT SITE AND CLEAN DIRT USED TO FILL HOLE

Submit Page 2 with Page 1

FORM
27
Rev 6/99

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Tracking Number: _____
Name of Operator: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Facility Name & No: _____

Page 2
REMEDIATION WORKPLAN (Cont.)

OGCC Employee: _____

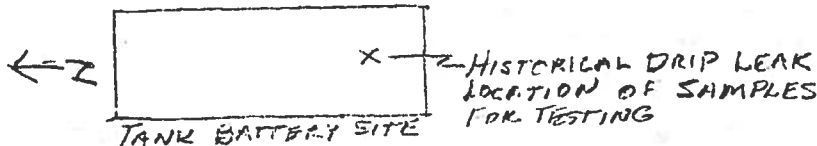
If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

ALL EQUIPMENT REMOVED FROM TANK BATTERY SITE. SITE IS APPROX 10 YDS X 30 YDS. SITE IS VERY LEVEL. COMPACTION AFTER WORK BY HEAVY EQUIPMENT. SEEDING WILL BE BY FARMER OR AS DIRECTED BY FARMER. LIKELY WILL BE WINTER WHEAT.

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☐ Y ☒ N If yes, describe:



Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):
E & P WASTE HAULED TO BUFFALO RIDGE DISPOSAL FACILITY.

AN ONGOING EFFORT IS BEING MADE TO COLLECT MANIFESTS AND TICKETS AND ENVIRONMENTAL TESTING RESULTS SO THAT THEY CAN BE SUBMITTED TO THE COMMISSION ATTACHED TO A SUNDRY NOTICE. A NOTICE OF COMPLETION WILL BE SUBMITTED AT THE COMPLETION OF ALL CLEAN UP WORK.

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: 3/24/2014	Date Site Investigation Completed: _____	Date Remediation Plan Submitted: 4/1/2014
Remediation Start Date: 3/24/2014	Anticipated Completion Date: 4/15/2014	Actual Completion Date: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: PHIL WRIGHT

Signed: *Phil Wright*

Title: MANAGER

Date: 4/1/2014

OGCC Approved: Chris Canfield, P.G.

Title: _____

Digitally signed by Chris Canfield, P.G.

DN: cn=Chris Canfield, P.G., o=OGCC, ou=Environmental Protection, email=chris.canfield@state.co.us, c=US

Date: 2014.04.07 14:42:54 -0500

Date: _____